

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

ORIGINAL NO. **09/701229**
FILING DATE

(APPLICANT'S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			3		4		5	
	IND.	DEF.	IND.	DEF.	IND.	DEF.		IND.	DEF.	IND.	DEF.	IND.	DEF.
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TOTAL IND.	6	0	6	0	6	0							
TOTAL DEF.	14	0	0	0	0	0							
TOTAL CLAIMS													

BEST AVAILABLE COPY

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS